



0000125994

**BEFORE THE ARIZONA POWER PLANT AND
TRANSMISSION LINE SITING COMMITTEE**

Arizona Corporation Commission
DOCKETED

IN THE MATTER OF THE APPLICATION OF)
AJO IMPROVEMENT COMPANY IN)
CONFORMANCE WITH THE REQUIREMENTS)
OF ARIZONA REVISED STATUTES,)
40-360.03 AND 40-360.06. FOR A CERTIFICATE)
OF ENVIRONMENTAL COMPATIBILITY)
AUTHORIZING THE CONSTRUCTION OF A)
230kV TRANSMISSION LINE AND)
SUBSTATION IN MARICOPA AND PIMA)
COUNTIES, ARIZONA BETWEEN GILA BEND)
SUBSTATION WEST OF GILA BEND TO THE)
THE PROPOSED SUBSTATION NEAR THE)
PHELPS DODGE AJO INCORPORATED MINE.)
A DISTANCE OF APPROXIMATELY 47 MILES.)

CASE NO. 89

DOCKETED BY *Cm*

**AMENDED
NOTICE OF HEARING**

A public hearing will be held before the Power Plant and Transmission Line Siting Committee at the Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona, on March 5, 1998 at 9:30 a.m., or as soon thereafter as the matter can be heard, regarding the Application of Ajo Improvement Company for a Certificate of Environmental Compatibility from the Power Plant and Transmission Line Siting Committee ("Committee") for construction of approximately 47 miles of 230 kilovolt (kV) alternating current (AC) transmission line in Maricopa and Pima counties, which would be connected to the existing Gila Bend Substation owned by Arizona Public Service Company (APS) and a proposed substation to be constructed near the Phelps Dodge Ajo Incorporated (PDAI) mine in Ajo (the AIC Substation). The AIC would own, construct and operate the proposed transmission line and the AIC Substation. The proposed Gila Bend to Ajo 230kV Transmission Line Project would provide essential transmission capacity and improved reliability of the electronic power supply available in the area to meet the projected energy demand for the reopening of the PDAI Mine. The proposed project will also benefit the residents and businesses in the Ajo area by eliminating the risk and reliability constraints on Ajo's power supply that would occur if the mine's power supply was integrated into the existing 69kV subtransmission line and by providing a future source of electricity to Ajo and the surrounding region after the mine closes. The proposed route and substations are shown on the map below.

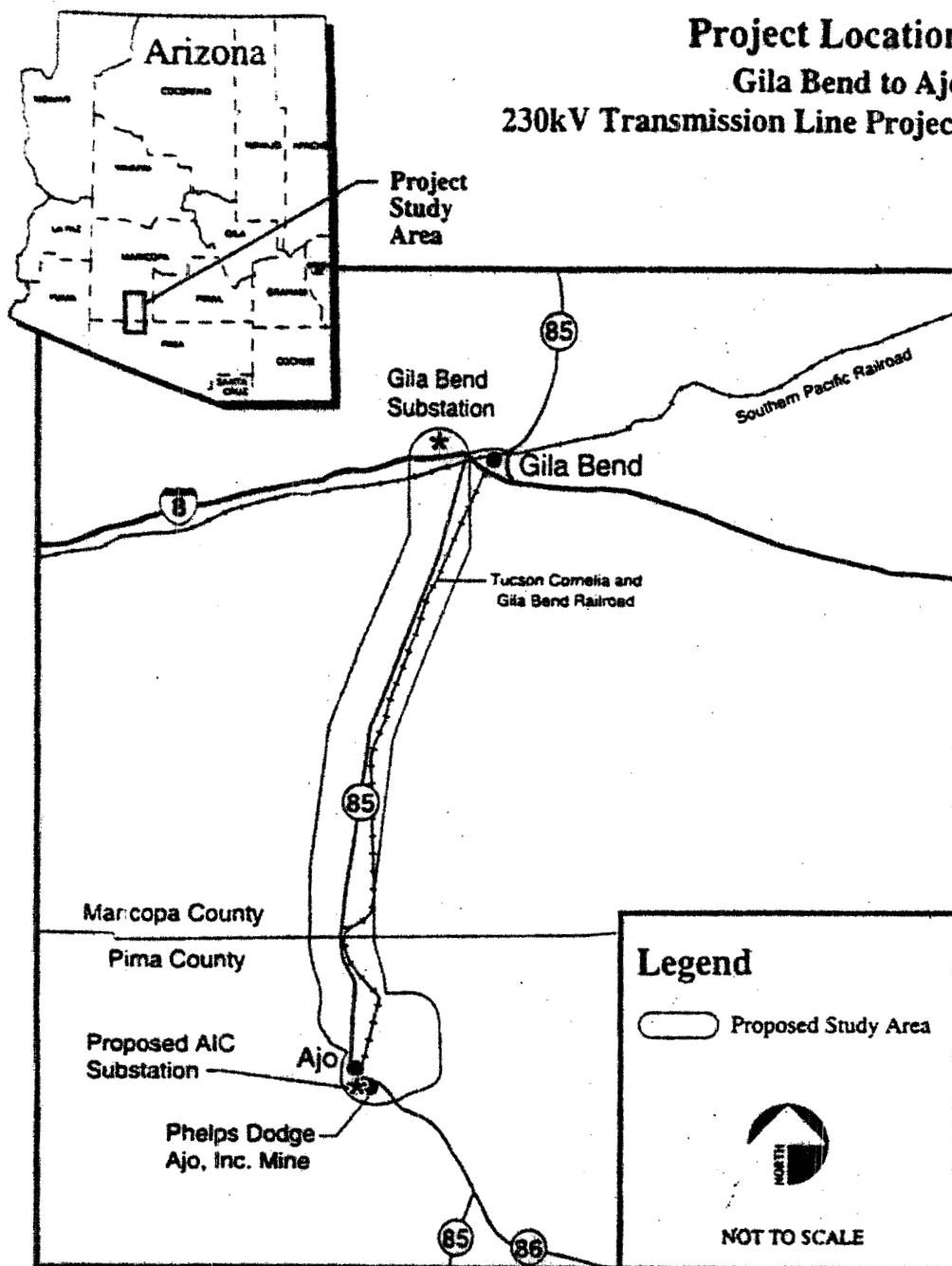


Figure 1

The Application (including detailed maps of the proposed transmission line route) is on file with the Docket Control Center of the Arizona Corporation Commission, 1200 West Washington, Suite 108, Phoenix, Arizona 85007 and is also available for public inspection at the offices of Ajo Improvement Company, located on the corner of South Highway 85 and Elota Avenue, Ajo, Arizona 85321.

Depending upon the issues raised and the number of Intervenor appearing during the hearing, the Committee may deem it appropriate at some point to recess the hearing to a time and place to be announced during the hearing. At the discretion of the Committee such resumed hearing may be held at a date, time and place to be agreed upon by the Committee and parties of interest.

NOTE: No formal notice of such resumed hearing will be given.

Each county and municipal government and state agency interested in the proposed facilities and desiring to become a party to the certification proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a party.

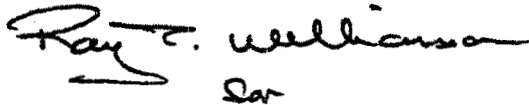
Any domestic, non-profit corporation or association, formed in whole or in part to promote conservation of natural beauty, to protect the environment, personal health or other biological values, to preserve historical sites, to promote consumer interests, to represent commercial and industrial groups, or to promote the orderly development of the area in which the facilities are to be located and desiring to become a party to the certification proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a party.

The Committee or hearing officer, at any time deemed appropriate, may make other persons parties to the proceedings.

Any person may make a limited appearance at the hearing by filing a statement in writing with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, not less than five (5) days before the date set for hearing. A person making a limited appearance shall not be a party or have the right to present oral testimony or cross-examine witnesses.

The written decision of the Committee shall be submitted to the Arizona Corporation Commission pursuant to Arizona Revised Statutes Section 40-360.07. Any person intending to be a party before the Commission must be a party to the certification proceedings.

ORDERED this 16th day of January 1998.



for

DAVID JANKOFSKY
Acting Director of Utilities Division for
Chairman of the Power Plant and
Transmission Line Siting Committee

*Unenclosed
Notice*

CASE 89
MAILING LIST

Linda Woestendiek
DEPT OF THE AIR FORCE
56 RMO/ESMP
6605 N 140TH DRIVE
LUKE AFB AZ 85309-1934

MICHAEL A TAYLOR
U S DEPT OF INTERIOR
BUREAU OF LAND MGT
2015 W DEER VALLEY RD
PHOENIX AZ 85027-2099

LORENA WADA
TED CORDERY
DEPT OF INTERIOR
FISH & WILDLIFE SERVICE
2321 W ROYAL PALM RD STE 103
PHOENIX AZ 85012-4951

CAROL HEATHINGTON
ARIZONA STATE PARKS
1300 W WASHINGTON
PHOENIX AZ 85007

C H HUCKELBERRY
COUNTY ADMINISTRATOR'S OFFICE
PIMA COUNTY GOVERNMENTAL CENTER
130 W. CONGRESS
TUCSON AZ 85701-1317

TRENT KEIME
COPPER KETTLE RESTAURANT
23 PLAZA
AJO AZ 85321

L. R. CORKY SIPE
AJO COUNTRY CLUB
P O BOX 400
AJO AZ 85321

JON CAMERON
THE HOTEL CORNELIA
300 LA MINA
AJO AZ 85321

LT PAUL WILSON, COMMANDER
PIMA COUNTY SHERIFF'S DEPT
P O BOX 910
TUCSON AZ 85702-0910

SHARON BRONSON
130 W CONGRESS 11TH FLOOR
TUCSON AZ 85702-1317

C D BUD KLINEFELTER
DEL SUR ENTERPRISES
2050 N HIGHWAY 85
AJO AZ 85321

EDWARD B ZUKOSKI
LAND & WATER FUND OF THE ROCKIES
2260 BASELINE RD #200
BOULDER CO 80302

RUSSELL ENGEL
AZ GAME & FISH DEPT
2221 W GREENWAY RD
~~PHOENIX AZ 85029-4599~~

*1-26-98 chg address:
9140 E County 10 1/2 Street
Yuma Az 85365*

DEBRA D SYKES
AZ DEPT OF TRANSPORTATION
1221 S SECOND AVE
TUCSON AZ 85713-1602

HOWARD T FRAZER
MARY E FRAZER
3675 ROSSER RD
AJO AZ 85321

BARBARA & MARVIN SILVA
2331 N ELLIOTT RD
AJO AZ 85321

BILL BROYLES
5501 N MARIA DRIVE
TUCSON AZ 85704

CAROL KLINEFELTER
625 N SECOND
AJO AZ 85321

HENRIETTA DANIELS
P O BOX 853
AJO AZ 85321

RICHARD DANIELS
P O BOX 853
AJO AZ 85321

ERIC MARCUS
P O BOX A
AJO AZ 85321

KORD KLINEFELTER
2050 N HWY 85
AJO AZ 85321

GEOFFREY POOL
DAMES & MOORE
7500 N DREAMY DRAW DR STE 145
PHOENIX AZ 85020

JOHN H ZAMAR
AJO IMPROVEMENT CO
P.O. DRAWER 9
AJO AZ 85321

*3 COMMISSIONERS
*HEARING
*LEGAL
*JANKOWSKY
*OLEA

*IN-HOUSE

10 LINE SITING COMMITTEE MEMBERS

Amended Notice

CERTIFIED MAIL FOR CASE 89

TOWN OF GILA BEND
MAYOR CHUCK TURNER
644 W PIMA STREET
GILA BEND AZ 85337

#P618 181 571

TOWN OF GILA BEND
CITY MANAGER CARL STATHENI
644 W PIMA STREET
GILA BEND AZ 85337

#P618 181 572

TOWN OF GILA BEND
CITY CLERK BEVERLY TURNER
644 W PIMA STREET
GILA BEND AZ 85337

#P618 181 574

TOWN OF GILA BEND
CITY ATTORNEY STEVE McCLURE
644 W PIMA STREET
GILA BEND AZ 85337

#P618 181 573

MARICOPA COUNTY BOARD OF SUPERVISORS
CHAIRMAN
301 W JEFFERSON
PHOENIX AZ 85003

#P618 181 570

PIMA COUNTY BOARD OF SUPERVISORS
CHAIRMAN
130 W CONGRESS
TUCSON AZ 85701

#P618 181 569

ARIZONA CORPORATION COMMISSION
DOCKET CONTROL
1200 WEST WASHINGTON STREET
PHOENIX, AZ 85007-2996



RECEIVED
AZ CORP COMMISSION
JUN 26 11 53 AM '98
DOCKET CONTROL



PACIFIC CORP - DOCUMENT CENTER
325 N.E. MULTNOMAH ST., STE. 625
PORTLAND, OR 97232

975087-25446 11
|||||

P 618 181 573

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to: <i>James of Glen Bend</i>		Street Number: <i>444 W. Penn St</i>		Post Office, State & ZIP Code: <i>Blau Bend, Pa 15337</i>	
Certified Fee	Special Delivery Fee	Restricted Delivery Fee	Return Receipt Showing to Whom	Date & Addressee's Address	TOTAL Postage & Fees
					\$

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services. *HD 35-98*
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: <i>James of Glen Bend</i> <i>City Atty Steve McCall</i> <i>444 W Penn St Box A</i> <i>Blau Bend Pa 15337</i>		4a. Article Number <i>P618 181 573</i>
4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery <i>4/30/95</i>
5. Received By: (Print Name) <i>X James McCall</i>		8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. *HD 35-98*
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

James of Glen Bend
City Mgr. Carl Hadden
444 W Penn St Box A
Blau Bend Pa 15337

4a. Article Number

P618 181 573

4b. Service Type

- ☒ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

4/30/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X James McCall

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service Receipt for Certified Mail		Do not use for International Mail (See reverse)	
Sent to: <i>James of Glen Bend</i>		Street Number: <i>444 W Penn St</i>	
Post Office, State & ZIP Code: <i>Blau Bend Pa 15337</i>		Postage \$	
Certified Fee	Special Delivery Fee	Restricted Delivery Fee	Return Receipt Showing to Whom
			Date & Addressee's Address
			TOTAL Postage & Fees
			\$

PS Form 3800, April 1995

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

SENDER: *Completed reverse of this card to you*
I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee

3. Article Addressed to:
Manisquam County Board of Supervisors - Chairman
301 W Jefferson
Pharmaceutical RECEIVED 03

4a. Article Number
PL18 181 570

4b. Service Type
☒ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
20/1/98

8. Addressee's Address (Only if requested and fee is paid)
301 W Jefferson
Pharmaceutical

5. Received By: (Print Name)
JAN 20 1998

6. Signature: (Addressee or Agent)
X BOARD OF SUPERVISORS

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to *Manisquam County Board of Supervisors*
Street & Number
301 W Jefferson
City, State & ZIP Code
Pharmaceutical
Post Office, State & ZIP Code
PL18 181 570

Postmark or Date

TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

PS Form 3800, April 1995

P 618 181 571

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *Completed reverse of this card to you*
I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Manisquam County Board of Supervisors - Chairman
301 W Jefferson
Pharmaceutical

4a. Article Number
PL18 181 571

4b. Service Type
☒ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
20/1/98

8. Addressee's Address (Only if requested and fee is paid)
301 W Jefferson
Pharmaceutical

5. Received By: (Print Name)
JAN 20 1998

6. Signature: (Addressee or Agent)
X BOARD OF SUPERVISORS

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to *Manisquam County Board of Supervisors*
Street & Number
301 W Jefferson
City, State & ZIP Code
Pharmaceutical
Post Office, State & ZIP Code
PL18 181 570

Postmark or Date

TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

PS Form 3800, April 1995

P 618 181 570

Domestic Return Receipt

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	
Post Office, State, & ZIP Code	
Street & Number	
Sent to: <i>James W. Conquie, Jr.</i> <i>130 W. Conquie</i> <i>Lucerne, CA 95701</i> Do not use for International Mail (See reverse)	

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See reverse)

P 618 181 574

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 a Complete items 1 and/or 2 for additional services. 403-574
 a Complete items 3, 4a, and 4b.
 a Print your name and address on the reverse of this form so that we can return this card to you.
 a Attach this form to the front of the mailpiece, or on the back if space does not permit.
 a Write "Return Receipt Requested" on the mailpiece below the article number.
 a The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
James W. Conquie, Jr.
130 W. Conquie
Lucerne, CA 95701

4a. Article Number:
181 574

4b. Service Type:
☐ Registered
☐ Registered Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured
☐ COD

7. Date of Delivery:
12/1/95

8. Addressee's Address (Only if requested and fee is paid):

5. Received By: (Print Name)
James W. Conquie, Jr.

6. Signature (Addressee or Agent)
James W. Conquie, Jr.

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 a Complete items 1 and/or 2 for additional services. 305 98
 a Complete items 3, 4a, and 4b.
 a Print your name and address on the reverse of this form so that we can return this card to you.
 a Attach this form to the front of the mailpiece, or on the back if space does not permit.
 a Write "Return Receipt Requested" on the mailpiece below the article number.
 a The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
James W. Conquie, Jr.
130 W. Conquie
Lucerne, CA 95701

4a. Article Number:
181 574

4b. Service Type:
☐ Registered
☐ Registered Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured
☐ COD

7. Date of Delivery:
1-10-98

8. Addressee's Address (Only if requested and fee is paid):

5. Received By: (Print Name)
Mike Licker

6. Signature (Addressee or Agent)
Mike Licker

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code	
Street & Number	
Sent to: <i>James W. Conquie, Jr.</i> <i>130 W. Conquie</i> <i>Lucerne, CA 95701</i> Do not use for International Mail (See reverse)	

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (See reverse)

P 618 181 574

Domestic Return Receipt